

# CITY OF CARLSBAD SUBMITTAL CHECKLIST RIGHT OF WAY PERMIT

CITY PROJECT NO. \_\_\_\_\_ CITY PROJECT NAME \_\_\_\_\_

CITY PLANCHECKER \_\_\_\_\_

- \_\_\_\_\_ 1. Completed Application Form.\*
- \_\_\_\_\_ 2. Contractor's State License Number and Class (Type).
- \_\_\_\_\_ 3. City of Carlsbad Business License Number.
- \_\_\_\_\_ 4. Certificate of Insurance (per City specifications).
- \_\_\_\_\_ 5. Traffic Control Plan (per City specifications).
- \_\_\_\_\_ 6. Site Plan / Construction Drawings (6 plans required if trenching is proposed, unless trenching is already approved by the City under a separate plan or permit).
- \_\_\_\_\_ 7. Right of Way Permit fee or Completion of Improvement Plancheck Letter.
- \_\_\_\_\_ 8. All items required to process an encroachment agreement as shown on the attached submittal checklist (required for construction of private facilities within public right-of-way, place, or easement only).

SUBMITTAL COMPLETE. CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:

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CITY OF CARLSBAD - ENGINEERING DEPARTMENT

**APPLICATION**

RIGHT-OF-WAY PERMIT APPLICATION

JOB ADDRESS: \_\_\_\_\_

NEAREST CROSS STREET: \_\_\_\_\_

ASSOCIATED PROJECT NO.: \_\_\_\_\_ ASSESSOR PARCEL NO(S): \_\_\_\_\_

DRAWING NO. (if applicable): \_\_\_\_\_

BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_ ESTIMATED COMPLETION DATE: \_\_\_\_\_

**CONTRACTOR (Permittee)**

NAME (Print or Type): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

24 HOUR EMERGENCY TELEPHONE: \_\_\_\_\_

STATE CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

STATE CONTRACTOR'S LICENSE TYPE: \_\_\_\_\_

CITY OF CARLSBAD BUSINESS LICENSE NUMBER: \_\_\_\_\_

By its signature below, permittee agrees to indemnify, hold harmless, and defend the City of Carlsbad or its officers or employees from all claims, damage or liability to persons or property arising from or caused by an activity or work done pursuant to this permit unless the damage or liability was caused by the sole active negligence of the City or its officers or employees. This agreement is a condition of the issuance of a right-of-way permit.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

The same name must appear on this application, the Cash Security Agreement and the request for refund as the Permittee.

**CITY USE ONLY**

PERMIT NO.: \_\_\_\_\_

ENTERED INTO COMPUTER BY: \_\_\_\_\_

TCP APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

INSURANCE CHECKED BY: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DATE STAMP

APPLICATION RECEIVED

# **RIGHT OF WAY PERMIT REQUIREMENT SPECIFICATIONS**

## **1. RIGHT OF WAY PERMIT APPLICATION**

To be completed and signed by contractor doing the work. The contractor is the Permittee and is ultimately responsible for all work done that affects the Right-of-Way.

Permit will not be issued until all required information has been provided and traffic control plan approved. Incomplete applications will be returned to the applicant.

## **2. CONTRACTOR'S STATE LICENSE NUMBER AND CLASS (TYPE)**

- General Engineering Contractor "A" License - may do any type of engineering work in the City right-of-way.
- General Building Contractor "B" License - may do any type of work in City right-of-way when the work is associated with the construction of an adjacent building structure.
- Concrete "C-8" License - may do any concrete work in City right-of-way.
- Earthwork and Paving "C-12" License - may do earthwork or paving work in City right-of-way.
- Paving and Highway Improvement "C-32" License - may do any type of Engineering work in City right-of-way.
- Pipeline "C-34" License - may do any pipeline type of work in City right-of-way.

## **3. CITY OF CARLSBAD BUSINESS LICENSE NUMBER**

Contractor must provide valid City Business License Number. If none, make application with Building Department and include a copy of the receipt with the Right-of-Way Permit application.

## **4. CERTIFICATE OF INSURANCE**

Contractor shall provide a certificate of insurance for personal injury and property damage liability in the amount of at least \$1,000,000 (one million) per incident. Certificates providing less than one month's liability insurance coverage will not be accepted. Certificate must specifically name the City of Carlsbad as "Additional Insured", as well as "Certificate Holder." Naming the City as additional insured requires an endorsement to the policy and is an additional sheet.

All required insurance must be underwritten by an insurance company listed in the latest edition of (domestic, not International) Best Rating Guide with a rating of "A"/"A-" or better and a financial size of \$10 million (currently Class V) or better.

The Right-of-Way Permit, when issued, will be valid for six (6) months or until liability insurance has expired, whichever comes first. It is the responsibility of the CONTRACTOR to notify the City of any insurance policy changes or extensions.

**CITY OF CARLSBAD  
RIGHT-OF-WAY PERMIT  
CHECKLIST FOR INSURANCE SUBMITTALS**

The Carlsbad Municipal Code requires that the applicant (1) provide proof of liability insurance and (2) name the City of Carlsbad as additional insured on the policy.

Proof of insurance is in the form of a certificate of insurance. Naming the City as additional insured requires an endorsement to the policy. The endorsement is a requirement of insurance companies, and is an additional sheet.

The checklist below is provided to help you comply with these 2 requirements.\*

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**CERTIFICATE OF INSURANCE**

- ☐ \$1 million (or amount determined by City) single limit general liability insurance
- ☐ Date(s) of the permit work falls within the “policy effective” and “policy expiration” dates
- ☐ Named insured must be consistent with permittee information on the permit application
- ☐ Certificate holder address:

City of Carlsbad  
Engineering Department  
1635 Faraday Avenue  
Carlsbad, CA 92008

**ENDORSEMENT**

- ☐ “The City of Carlsbad, its officers, employees and volunteers are named as additional insured.” NO RESTRICTIVE WORDING is acceptable, other than to restrict the coverage to liability arising out of the operations of the insured.

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\* THE INSURANCE MUST BE IN A FORM ACCEPTABLE TO THE CITY AND THIS CHECKLIST IS NOT AN ALL INCLUSIVE LIST OF THE CITY’S REQUIREMENTS.